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## BIB DATA SHEET

CONFIRMATION NO. 4775

<b>SERIAL NUMBER</b> 10/539,672	<b>FILING or 371(c) DATE</b> 06/14/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 4173	<b>ATTORNEY DOCKET NO.</b> I-2002.024 US		
<b>APPLICANTS</b> Peter Gerardus Franciscus Cox, Bouchemaine, FRANCE; Joseph Antonius Clemens Maria Lohuis, Afferden, NETHERLANDS; Selma Marianne Hensen, Mook, NETHERLANDS; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/14051 12/10/2003 <b>** FOREIGN APPLICATIONS *****</b> EUROPEAN PATENT OFFICE (EPO) 02080265.8 12/16/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 1
Verified and /SAMIRA JM JEAN-LOUIS/ Acknowledged Examiner's Signature	<b>ADDRESS</b> INTERVET INC. PATENT DEPARTMENT PO BOX 318 MILLSBORO, DE 19966-0318 UNITED STATES					
<b>TITLE</b> Mastitis treatment						
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		